

Name Last First Middle			Date of Birth - -		Plan Type
Social Security Number - -			Retirement Number		
Address		City	State	Zip	<input checked="" type="checkbox"/> Patrol - DROP
Home Phone	Work Phone	Employer			

Investment Election Change Form – DROP

INVESTMENT ELECTION (FUTURE CONTRIBUTIONS ONLY)

You must make your selection in whole increments. The total must equal 100%. This election will change the allocation of future DROP Plan contributions only. Funds are **not guaranteed** as to rate of return or principal stability. Your employer and NPERS are held harmless against any losses in these funds.

_____ % Investor Select (24)	_____ % U.S. Core Plus Bond (BF)	_____ % LifePath Index 2040* (BM)
_____ % U.S. Bond Index (18)	_____ % LifePath Index 2065* (BG)	_____ % LifePath Index 2035* (BN)
_____ % Stable Value (10)	_____ % LifePath Index 2060* (BH)	_____ % LifePath Index 2030* (BO)
_____ % International Stock Index (BD)	_____ % LifePath Index 2055* (BI)	_____ % LifePath Index 2025* (BP)
_____ % U.S. Total Stock Market Index (BA)	_____ % LifePath Index 2050* (BJ)	_____ % LifePath Index Retirement* (BQ)
_____ % Global Equity (BE)	_____ % LifePath Index 2045* (BL)	

*LifePath Index funds are a mix of stocks, bonds, etc. that gradually adjust to provide asset allocations that seek to mitigate risk closer to your intended retirement date.

TRANSFER OF EXISTING BALANCES/ELECTED DEFERRALS

A transfer will move a dollar amount or % of your existing funds from one investment fund to another.

TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.

I understand that my DROP contributions may not be withdrawn from the plan except in the event of termination, retirement, death, or disability. I authorize the above changes, and certify that the above information is accurate.

Member Signature: _____ Date: _____

BAR CODE